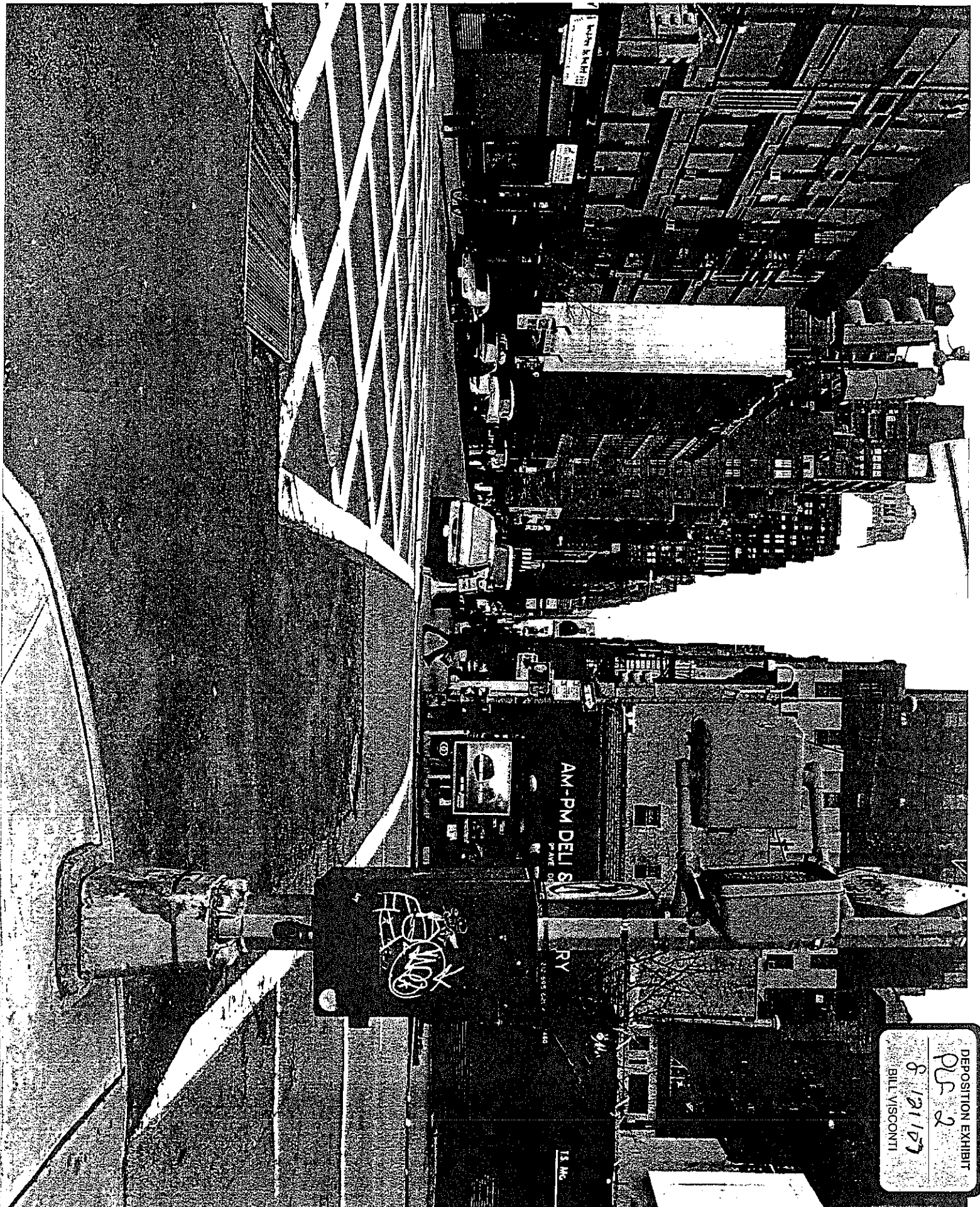
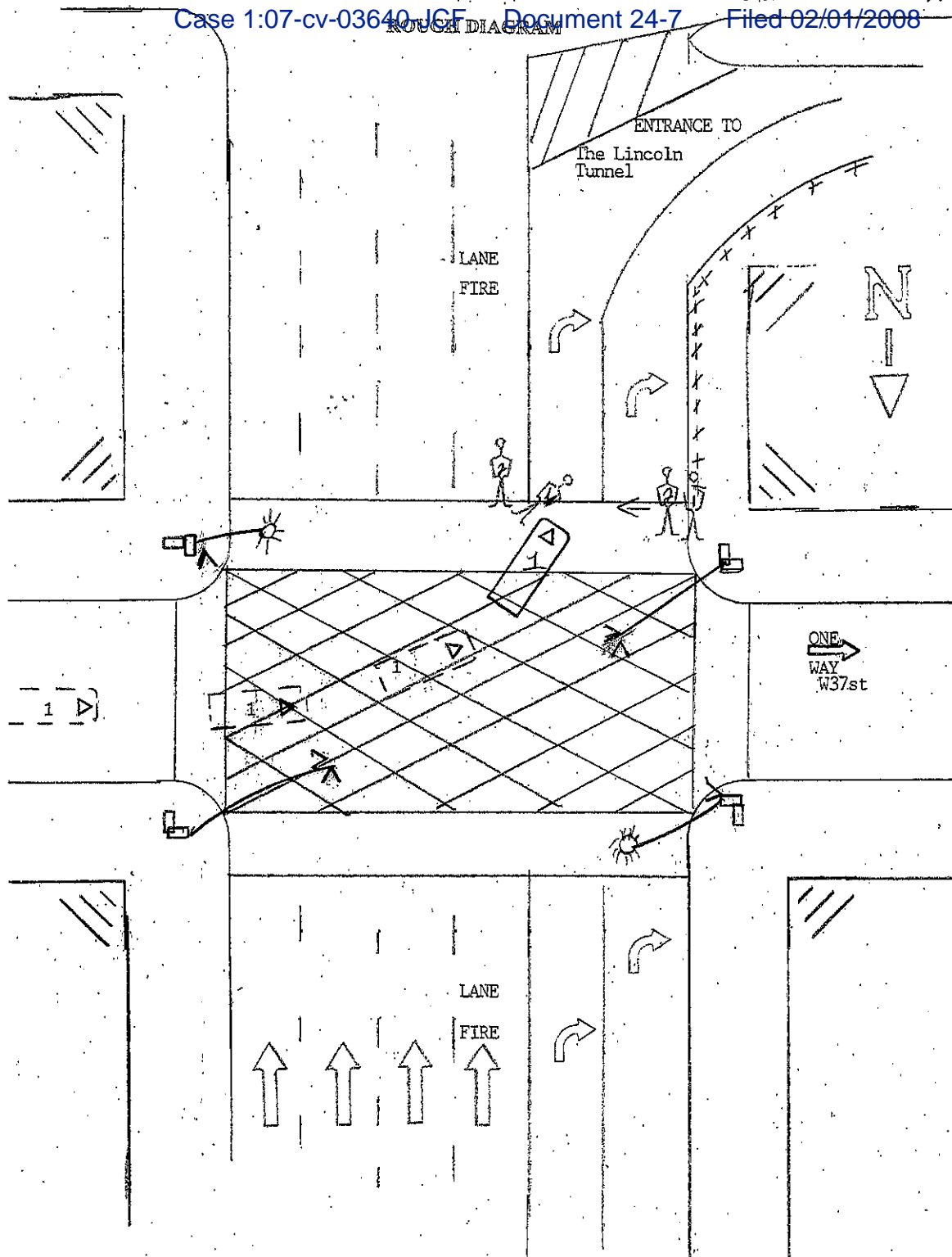


EXHIBIT H



DEPOSITION EXHIBIT
PLS 2
8/21/07
BILL VISCONTI

EXHIBIT I



CHIEF OF TRANSPORTATION (646) 610-5024
C.O. TRAFFIC CONTROL DIVISION (212) 239-2510
TRAFFIC MANAGEMENT CENTER (718) 706-1606
HIGHWAY DISTRICT A.I.S. (718) 217-3525
ACSE 107-05 Det Rooney HWY-1-AIS

EXHIBIT J

POLICE ACCIDENT REPORT (NYC) MV-104AN (5/04) ☐ AMENDED REPORT

Precinct 010	Accident No. #458	Complaint Number 411										
Accident Date Month: 02 Day: 25 Year: 2007	Day of Week SUN	Military Time 2120	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>				
VEHICLE 1			VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN									
VEHICLE 1 - Driver License ID Number: P34625447902555 State of Lic.: NJ			VEHICLE 2 - Driver License ID Number: D1251187 State of Lic.: CA									
Driver Name - exactly as printed on license: MICHAEL R PHILIPS			Driver Name - exactly as printed on license: SABINA BEATA PARADI									
Address (Include Number & Street): 2 ROBIN ROAD Apt. No.: APT. NO.			Address (Include Number & Street): 116 GATETREE CT APT. NO.									
City or Town: RUMSON State: NJ Zip Code: 07760			City or Town: DANVILLE State: CA Zip Code: 94526									
Date of Birth: Month: 02 Day: 20 Year: 55 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>			Date of Birth: Month: 04 Day: 19 Year: 83 Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: Public Property Damaged: <input type="checkbox"/>									
Name - exactly as printed on registration: MICHAEL R PHILIPS M Date of Birth: Month: 02 Day: 20 Year: 55			Name - exactly as printed on registration: SABINA BEATA PARADI Date of Birth: Month: 04 Day: 19 Year: 83									
Address (Include Number & Street): 2 ROBIN ROAD Apt. No.: APT. NO. Haz. Mat. Code: Released: <input type="checkbox"/>			Address (Include Number & Street): APT. NO. Haz. Mat. Code: Released: <input type="checkbox"/>									
City or Town: RUMSON State: NJ Zip Code: 07760			City or Town: DANVILLE State: CA Zip Code: 94526									
Plate Number: CMP88D State of Reg.: NJ Vehicle Year & Make: 1988 CHEVY PU Vehicle Type: 903			Plate Number: State of Reg.: Vehicle Year & Make: Vehicle Type: Ins. Code:									
Ticket/Arrest Number(s): SUM# OAC8786982			Ticket/Arrest Number(s):									
Violation Section(s): 4-03(A)(1)I			Violation Section(s):									
Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.			Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.			Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.						
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 12 Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 3 4 5			VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1 Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 3 4 5			ACCIDENT DIAGRAM 						
Vehicle By Towed: N/A			Vehicle By Towed:			Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Reference Marker: Coordinates (if available): Latitude/Northing: Longitude/Easting:			Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred: W 37 STREET (Route Number or Street Name) at 1) intersecting street: 9th AVENUE (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest Intersecting Route Number or Street Name)									
Accident Description/Officer's Notes: AT TPO VEH. 1 WAS TRAVELING W/OB ON W37 STREET ON RT/S OF LANE @ ILS OF 9th AVE. WHEN VEHICLES PASSED ON LEFT/SIDE OF LANE VEH. #1 PROCCEEDED TO MAKE A LEFT TURN ONTO S/D 9th AVE STRIKING PEDESTRIAN WALKING E/OB ON SOUTH CROSSWALK.												

A	1	4	1	52	M	13	6	1868	7252	MICHAEL R PHILIPS	
B	1	4	1	23	F	1	5	2	1868	SABINA BEATA PARADI	
C											
D											
E											
F											

Officer's Rank and Signature: P.O. [Signature]	Tax ID No.: 925633	NCIC No.: 03030	Precinct: HWY3	Post/Sector: 308	Reviewing Officer: [Signature]	Date/Time Reviewed: 2/28/07
Print Name In Full: LOUKOPOULOS						

A Last Name		First		M.I.		B Last Name		First		M.I.	
Address		Address		Date of Birth		Date of Birth		Telephone (Area Code)		Telephone (Area Code)	
Month	Day	Year	Month	Day	Year	Month	Day	Year	()	()	()
B Last Name		First		M.I.		E Last Name		First		M.I.	
Address		Address		Date of Birth		Date of Birth		Telephone (Area Code)		Telephone (Area Code)	
Month	Day	Year	Month	Day	Year	Month	Day	Year	()	()	()
C Last Name		First		M.I.		Highway Dist. at Scene?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name:	
Address		Address		Date of Birth		Date of Birth		Telephone (Area Code)		Telephone (Area Code)	
Month	Day	Year	Month	Day	Year	Month	Day	Year	()	()	()
D Last Name		First		M.I.		Shield No.					
Address		Address		Date of Birth		Date of Birth		Telephone (Area Code)		Telephone (Area Code)	
Month	Day	Year	Month	Day	Year	Month	Day	Year	()	()	()

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 9802418171051 Vehicle No. 2 _____
 Expiration Date 4-01-07 Expiration Date _____
 VIN 2GCFK24K5J1181081 VIN _____

WITNESS (Attach separate sheet, if necessary)

Name MATTHEW C BLANK Address 61 DAMROD ST, MANHATTAN Phone 408-892-8847

DUPLICATE COPY REQUIRED FOR:

- ☒ Dept. of Motor Vehicles (if anyone is killed/injured) ☐ Motor Transport Division (P.D. vehicle involved) ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved) ☐ Other City Agency (Specify) _____
☐ Office of Comptroller (if a City vehicle involved) ☐ Personnel Safety Unit (if a P.D. vehicle involved) ☒ Highway Unit 3

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

SHELY MOORE, MOTHER, 2-25-07 @ 2230 (925) 820-6249

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle-Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command
Equipment in Use At Time of Accident					
<input type="checkbox"/> Siren <input type="checkbox"/> Horn <input type="checkbox"/> Turret Light <input type="checkbox"/> 4-Way Flasher <input type="checkbox"/> High-Level Warning Lights <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Headlights					

ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal _____ ☐ Complying with Station House Directive
☐ Pursuing Violator ☐ Routine Patrol
☐ Other (Describe) _____

Sheet 1 of 3
 No. Killed _____ No. Injured 01 No. of Vehicles 01 No. of Pedestrians 01 Leaving Scene NO Photos YES
 Date of Report 02/26/07 Date of Accident 02/25/07 Time 2120 M. Day Sunday
 Precinct 10 Accident No. 458 Aided No. _____ U.F. 61 No. 991 Case No. 107-215
 Accident Occurred On: W. 37th Street @ 9th Avenue
 Borough MANHATTAN PF _____ PNE X CF _____ CNF _____ Supplementary _____ Pickup _____

VEHICLES

Year 1988 Make Chevy Type PU Color BLUE Reg. No. CMP88D State NJ
 Operator Michael R. Phillips Address 2 Robin Road Rumson N.J. 07760
 Sex M D.O.B. 02/20/55 Class Lic. D No. P34625447902555 State NJ
 Vehicle Identification No. 2GCEK24K5J1181081 Cargo _____ Veh. Wt. 7000 lbs.
 Ins. Code # 903 Policy # 9802418171051 Number of occupants 01
 Owner Michael R. Phillips Address 2 Robin Road Rumson N.J. 07760
 Year _____ Make _____ Type _____ Color _____ Reg. No. _____ State _____
 Operator _____ Address _____
 Sex _____ D.O.B. _____ Class Lic. _____ No. _____ State _____
 Vehicle Identification No. _____ Cargo _____ Veh. Wt. _____ lbs.
 Ins. Code # _____ Policy # _____ Number of occupants _____
 Owner _____ Address _____

PERSONS KILLED OR INJURED

Name Sabina Beata Paradi Address 116 Gatetree CT Danville CA 94526
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian X Sex F Age 23
 Date of Death _____ Time _____ Removed to ST. VINCENTS- DOWNTOWN HOSPITAL
 Victim Ejected _____ Wore Safety Belt _____ Injury Head Injury

Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____
 Victim Ejected _____ Wore Safety Belt _____ Injury _____

Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____
 Victim Ejected _____ Wore Safety Belt _____ Injury _____

Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____
 Victim Ejected _____ Wore Safety Belt _____ Injury _____

WITNESSES

Name Matthew C. Blank Address 61 Bayard Street NY NY APT 14 Tel. No. 408-892-8847
 Name _____ Address _____ Tel. No. _____
 Name _____ Address _____ Tel. No. _____

WEATHER AND TERRAIN CONDITIONS

WEATHER	LIGHT CONDITION	AREA	LOCATION	ROAD	ROAD CONDITION	SURFACE
Clear	Daylight	Industrial	At Intersection	<input checked="" type="checkbox"/> Straight/Level	<input checked="" type="checkbox"/> Dry	Concrete
Cloudy	Dawn	Business	Between Intersection	<input checked="" type="checkbox"/> Straight/Grade	<input checked="" type="checkbox"/> Wet	Asphalt
Rain	Dusk	Residential	Overpass	<input checked="" type="checkbox"/> Curve/Level	<input checked="" type="checkbox"/> Snowy	Brick
Snow	<input checked="" type="checkbox"/> Darkness	<input checked="" type="checkbox"/> School	Underpass	<input checked="" type="checkbox"/> Curve/Grade	<input checked="" type="checkbox"/> Icy	Cobble
Sleet		Parkway/ Expy.	Bridge	<input checked="" type="checkbox"/> Hillcrest	<input checked="" type="checkbox"/> Muddy	Gravel
Fog		Other	Other	<input checked="" type="checkbox"/> %Grade	<input checked="" type="checkbox"/> Other	Other

TRAFFIC CONTROL	VEHICLE DIRECTION	1	2	PEDESTRIAN ACTIONS	1	2	3
Police Officer	Going Straight			With Signal	<input checked="" type="checkbox"/>		
Signal Light	Changing Lanes			Against Signal			
Stop Sign	Right/ Left Turn	<input checked="" type="checkbox"/>		Between Intersection			
Pedestrian Signal	U Turn			Behind Parked Cars			
Yield Sign	Pull from Curb			No Signal			
Other	Parked			In Safety Zone			
None	Backing			Playing in Road			
	Other			Running off Sidewalk			
				Not in Roadway			
				Other			

DRIVER VISION BLOCKED

VEH. 1 ☒ YES ☐ NO

VEH. ☐ YES ☐ NO

Circle all occupants

1	4	1	<input checked="" type="checkbox"/>
	5	2	
	6	3	

OPR. PED. CONDITION	OPR.	PED.
PHYSICAL DEFECT		
INTOXICATED		
APPARENTLY NORMAL	<input checked="" type="checkbox"/>	
UNKNOWN		<input checked="" type="checkbox"/>

Case No. 107-05

DESCRIPTION OF ACCIDENT

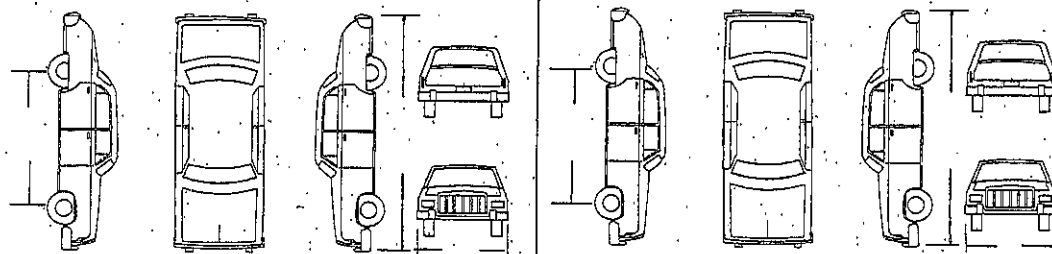
At t/p/o veh#1 was traveling W/B on W.37 street On RT/s of lane @ its of 9th Avenue when vehicles passed on left side of lane, veh#1 proceeded to make a left turn onto S/B 9TH avenuestriking pedestrian walking E/B on south crosswalk.

SKIDMARK DATA			DECELEROMETER BRAKE TEST CALIBRATED AT 20 MPH			
REG. No.	VEH. No.	VEH. No.	TIME	DATE	GRADE	LOCATION
FRONT LEFT						
FRONT RIGHT						
REAR LEFT						
REAR RIGHT						
LONGEST SKID						
COEFF. FRICTION						
COMPUTED SPEED						
LEGALSPEED						

Veh. No.	Decelerometer No.	Foot	Results	Emergency	Results

PHYSICAL EXAMINATION OF BRAKE SYSTEM		
Veh. No.	Pedal Pressure	Fluid/Air Leak
1	FIRM	NONE VISIBLE

DAMAGE TO VEHICLES DESCRIBE AND SHADE DAMAGED AREAS



Veh. No. 1

Veh. No. 2

N/A

SAFETY EQUIPMENT INSPECTION

	Veh. No. 1	Reg. No. CMP88D	Veh. No.	Reg. No.
Inspection Stamp - Expiration Date.	1952373	10/20/08		
Tires (Size & Condition)	275/75/16	Good		
Type Transmission/ Position	Manual Neutral			
Headlights /Condition	Off Position	operational		
Tail Lights/ Condition	Off Position	operational		
Brake Lights	operational			
Directionals	operational			
Steering Mechanism	Locked position	Operational		
Windshield Wipers	On Position			
Mirror Locations	d/ p/rv			
Horn	operational			
Safety Belts Installed	drivers /passengers			
Reflectors	2ft/2rear			
Front Windshield	no defects			
Mileage	200890			

POLICE ACTION

DEFENDANT	Michael R. Phillips	SUMMONS/ARREST No.	0ac8786982	PCT	010
CHARGES	Failure to yield to pedestrian				
ACTION BY: RANK	PO	NAME	Mirenda	SHIELD	4192
AI TECHNICIAN	PO Loukopoulos			SHIELD	12569
				COMMAND	010
				COMMAND	Hwy 3

Name and Signature

FICKEN

116

MICHAEL PHILLIPS
2/20/55

2 ROBIN RD
ROMSON NJ. 07760
732-758-1141

CMP 88D NT
88CHEVY PU

STAGE HAND
MINSKOFF THEATRE
BLWAY W 44th STS.

SGT SORUTBALLI
PO DONATO SGT OF
PO. ABYEN (F)
PO MICONDA (FTU)
P.O. ROBERTSON (FTU)
(ST VINCENT)

← DRIVER

← VEHICLE
IN QUESTION

← DRIVER'S WORKPLACE

10TH PCT
M.O.S. ON
SCENE

DGT FICKEN'S NOTES

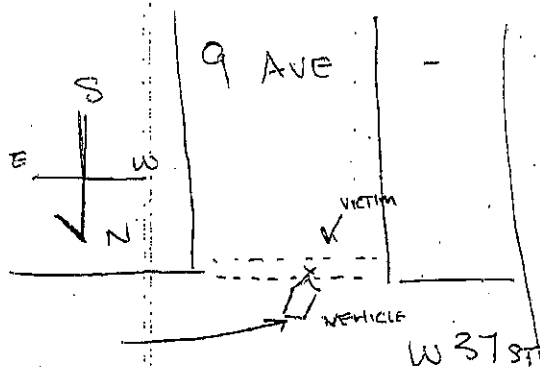
FICKEN

11P

DET WILLIAM FICKEN 10 PDS
SH 6273 TAX # 899209

2/25/07 - 2156 HRS IDENTIFIED

- 2215 HRS ARRIVED ON SCENE



INTERVIEWED DRIVER OF VEHICLE. STATED HE MADE LEFT TURN FROM W 37th ST ONTO 9 AVE. HE HEARD CRASH BUT DIDN'T SEE ANYONE. GOT OUT OF VEHICLE AND SAW VICTIM ON THE GROUND. CALLED 911.

INTERVIEWED P.O. ROBERTSON AND P.O. MIRENDA. FIRST M.O.S. ON SCENE. THEY WERE IN V.O. AND SAW AMBULANCE LIGHTS. RESPONDER AND VICTIM WAS ALREADY IN THE BUS.

2300 HRS RESPONDED TO ST VINCENTS HOSPITAL. SPOKE W/ DR JOHN FLEISCH M.D. MASSIVE HEAD INJURY. HAEMORRHAGED BRAIN. 5% CHANCE. VICTIM IN O.R. IF SHE LIVES, SHE WILL BE A VEGETABLE.

0AC8786982 New York State - Department of Motor Vehicles
ARREST RECORD

LAST NAME: Phillips FIRST NAME: Michael M.I.: X POLICE AGENCY: NY
NUMBER & STREET ADDRESS: 3 Robin Road LOCAL POLICE CODE: 1016
CITY: Buffalo STATE: NY ZIP CODE: 14207 APT. NO.: 8 PHOTO/ID: 80000

I.D. NUMBER: P34625447 SEX: M DATE OF BIRTH (MMDDYY): 022055
STATE: NY LICENSE EXPIRES (MMDDYY): 043007 VEH. TYPE: 1 VEH. YR: 1980 VEH. MAKE: Chev VEH. COLOR: R
PLATE #: CMP88N REG. STATE: NY REGISTRATION EXPIRES (MMDDYY): 09-07

THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS

TIME (24-hour HH:MM): 0125 DATE OF OFFENSE (MMDDYY): 022507 VTL: 0 TRAFFIC RULES: 0 PENAL: 0 RCL: 0
IN VIOLATION OF: (SECTION AND SUBDIVISION) 4-03(A)(1) NAV. LAW: 0 TAX. LAW: 0 TRANS. LAW: 0 MOTOR. TITLE: 0
OTHER LAW: 0

DESCRIPTION / NARRATIVE: 902555 Failure to Yield to Ped

PLACE OF OCCURRENCE: W3751 + 9th AVE HWY #: 6 LOCATION CODE: 03YC
IN THE: City Town Village HWY TYPE: 6 ROAD: 03YC
OF: NY COUNTY OF: NY PRECINCT: 0116

COMPLAINANT SIGN AND PRINT NAME/RANK: PO [Signature] Mirodo
RADAR OPERATOR NAME (Print): PO [Signature] Mirodo

DATE AFFIRMED: 022507 ARREST TYPE: 1 OFFICER ID #: 942217 OFFICER'S COMMAND: 0010

THIS MATTER IS SCHEDULED TO BE HANDLED ON THE APPEARANCE DATE BELOW IN THE:

COURT OF: City Town Village Criminal District
COUNTY OF: NY SUMMONS PART: 0

ADDRESS: 3 Robin Road CITY: Buffalo STATE: NY ZIP CODE: 14207

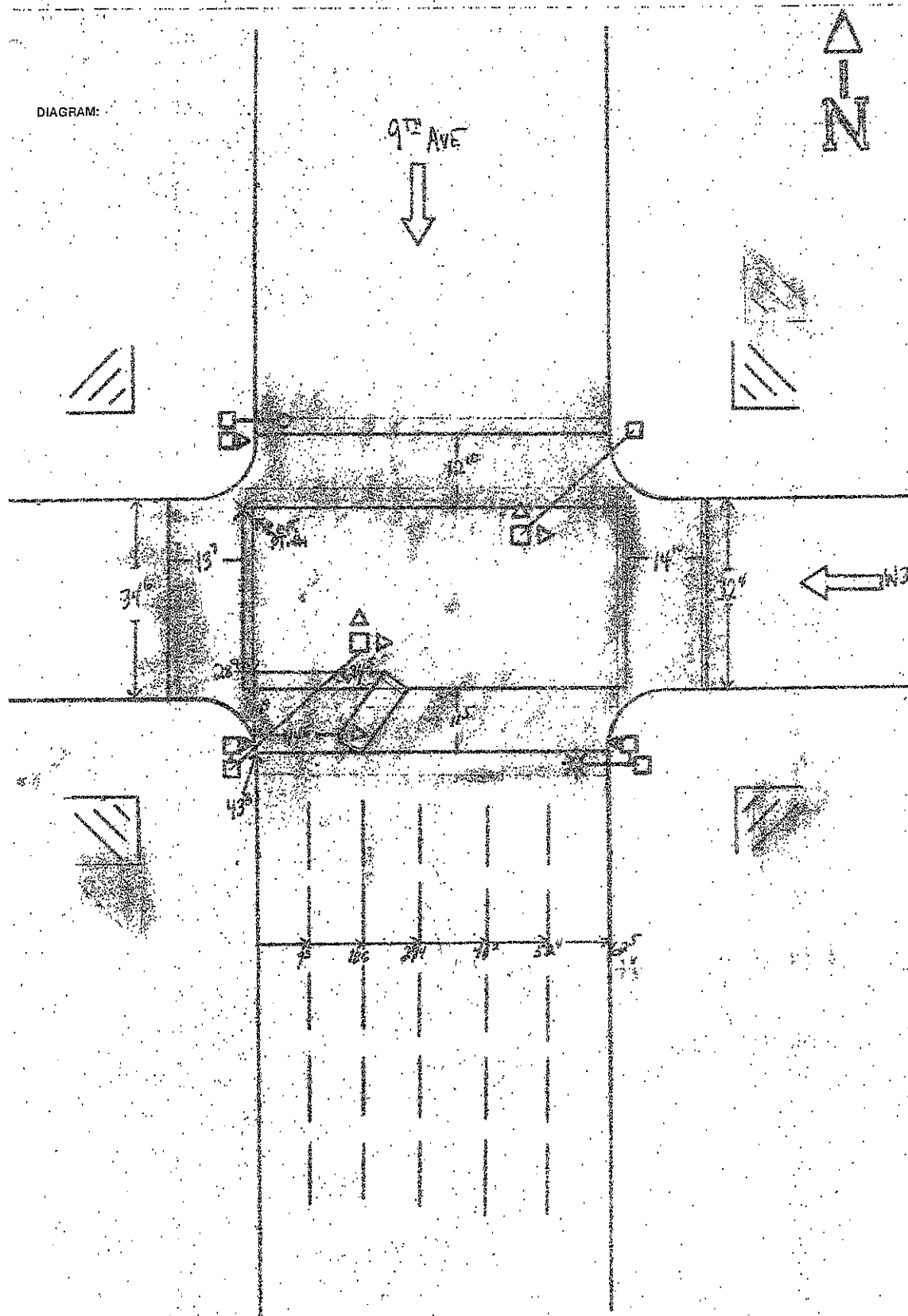
☐ RETURN BY MAIL BEFORE, OR IN PERSON ON:
☐ MUST APPEAR IN PERSON ON: 1/1 at 1 M

0AC8786982

ORV / DWAI / DRUGS Test: 1. Given 0 2. Refused 0 3. No Test 0
DWAI / DWAI / DRUGS Test Results: 1. 0 2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0

UT-60.4 (1/06)

DIAGRAM:



Prepared By: Name John Loukopoulos Shield 12569 Command HA43
DATE 2/6/67 PCT. ACC# 458 A.I.S. CASE# 107-05 SIGNATURE [Signature]

FOLLOW-UP CONTROL SHEET (A.I.S.)

H.D.# 105
(REV. 12/91)VESTIGATING OFFICER: DET Ryan DATE: 2/25/07 PCT: 010CASE# 107-05

PRINCIPALS, WITNESSES & CALL BACK NUMBERS:

	NAME	ADDRESS	PHONE #	DATE INTERVIEWED	INTERVIEWING OFFICER
1.	MICHAEL R PHILLIPS	2 Robin Road Rumson, N.J. 07760	(732) 758-1141	2-26-07	DET. Rooney
2.	MATTHEW L. BLANK	61 Bayard ST. NY NY NY 10013	(408) 892-8847	2-26-07	DET. Rooney
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

OTHER FOLLOW-UP ACTIVITY REQUIRED:

H.D. # 41
(Rev. 12/91)A.I.S. CASE # 107-05HIGHWAY DISTRICT ACCIDENT INVESTIGATION COMPUTATION SHEET

DATE: 2/25/07 TIME OF OCCURRENCE: 2:20 TIME OF NOTIFICATION: 2:29
 TIME ARRIVAL SCENE: 0007 TIME DEPART SCENE: 0003 PCT OF OCCUR: 10
 A.I. TECH: PO Loukopulos CMD: Hwy 3 CAMERA #: _____ FILM ROLL#: 2857
 LOCATION OF ACCIDENT: c/o 37st + 9 Ave
 OVERTIME INCURRED? Y/N HR. _____ MIN. ANY DELAY INCURRED? Y/N
 REASON FOR DELAY: _____

ALCO-SENSOR TEST:
 ADMINISTERED BY: PO Schneider #12173 ALCO-SENSOR # 95902
 OPER. # 1 TIME 2:35 LOCATION OF TEST 37st + 9 Ave READING 000
 REASON IF NOT TESTED _____
 OPER. # _____ TIME _____ LOCATION OF TEST _____ READING _____
 REASON IF NOT TESTED _____

 SPEED CALCULATIONS WILL BE MADE IN ALL CASES WHERE THE LONGEST SKID IS
 30 FEET OR MORE. IF COMPUTATION IS NOT MADE, A SPECIFIC REASON MUST BE
 INDICATED. DRAG FACTOR MAY BE DETERMINED BY EITHER TEST SKIDS OR DRAG
 TIRE.

TEST SKIDS

	TEST 1	TEST 2	DRAG TIRE
VEH USED (UNIT/PD#)			F
TEST SPEED			f= _____ f= _____
SKIDMARKS-			W
FRONT LEFT (ft)			f=DRAG FACTOR
FRONT RIGHT (ft)			F=FORCE (lbs to pull)
REAR LEFT (ft)			W=WEIGHT OF SLED
REAR RIGHT (ft)			
LONGEST			
TYPE OF PAVEMENT			
GRADE (+ OR -)			

TEST SKIDMARK COMPUTATIONS
 $f = \frac{S^2}{30D}$
 300

SKID SNOW

MINIMUM INITIAL SPEED COMPUTATION
 $S = \sqrt{30 D (f \pm \text{grade})}$
 S= _____ M.P.H.

CRITICAL SPEED (Sc) COMPUTATION
 $R = \frac{C}{8M} + \frac{M}{2}$
 R= _____ C= _____ ft
 M= _____ ft
 $Sc = 3.86 \sqrt{R(f \pm e \& g)}$
 Sc= _____ M.P.H.

LEGAL SPEED LIMIT= _____

RESULTS TO BE CHECKED BY MEANS OF SPEED NOMOGRAPH ON TEMPLATE. IF
 SPEEDING IS INDICATED, STATE POLICE ACTION TAKEN, IF ANY.

POLICE ACTION: _____

HIGHWAY DISTRICT FIELD REPORT Misc. 3457 (4-88)

Page 1 of 3

No. Killed _____ No. Injured _____ No. of Vehicles _____ No. of Pedestrians _____ Leaving Scene NO Photos YES
 Date of Report 2-26-07 Date of Accident 2-25-07 Time 2120 M. Day SUNDAY
 Precinct 010 Accident No. _____ Aided No. _____ U.F. 61 No. _____ Case No. 10705
 Accident Occurred On: W 37 STREET @ 94 AVENUE
 feet N S E W of/at _____
 Borough MANHATTAN PF _____ PNF _____ CF _____ CNF _____ Supplementary _____ Pickup _____

VEHICLES
 Year 1988 Make CHEVY Type PU Color BLUE Reg. No. CMP88D State N.J.
 Operator MICHAEL R. PHILIPS Address 2 ROBIN RD. RUMSON, N.J. 077
 Sex M D.O.B. 2-20-55 Class Lic. D No. P34625447902.555 State N.J.
 Vehicle Identification No. 2CCFK24K5J1181DR1 Cargo _____ Veh. Wt. 7000 lbs.
 Ins. Code # 903 Policy # 9802418171051 Number of occupants 1
 Owner MICHAEL R. PHILIPS Address 2 ROBIN RD. RUMSON, N.J. 0776
 Year _____ Make _____ Type _____ Color _____ Reg. No. _____ State _____
 Operator _____ Address _____
 Sex _____ D.O.B. _____ Class Lic. _____ No. _____ State _____
 Vehicle Identification No. _____ Cargo _____ Veh. Wt. _____ lbs.
 Ins. Code # _____ Policy # _____ Number of occupants _____
 Owner _____ Address _____

PERSONS KILLED OR INJURED
 Name SABINA BEATA PARADI Address 116 GATETREE CT. DANVILLE, CA 94
 Oper. Veh. No. N/A Pass. Veh. No. N/A Where Seated N/A Pedestrian ✓ Sex F Age 23
 Date of Death N/A Time N/A Removed to ST. VINCENT'S HOSPITAL Hospital/Morgue
 Victim Ejected N/A Wore Safety Belt N/A Injury HEAD INJURY
 Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____ Hospital/Morgue
 Victim Ejected _____ Wore Safety Belt _____ Injury _____
 Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____ Hospital/Morgue
 Victim Ejected _____ Wore Safety Belt _____ Injury _____
 Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____ Hospital/Morgue
 Victim Ejected _____ Wore Safety Belt _____ Injury _____

WITNESSES
 Name MATTHEW C. BLANK Address 61 BAYARD ST. MANHATTAN Apt 14 Tel. No. 408-892-8847
 Name _____ Address _____ Tel. No. _____
 Name _____ Address _____ Tel. No. _____

WEATHER AND TERRAIN CONDITIONS

WEATHER	LIGHT CONDITION	AREA	LOCATION	ROAD	ROAD CONDITION	SURFACE
Clear	Daylight	Industrial	At Intersection	✓ Straight/Level	✓ Dry	Concrete
Cloudy	Dawn	Business	Between Intersection	Straight/Grade	Wet	Asphalt
Rain	Dusk	Residential	Overpass	Curve/Level	Snowy	Brick
Snow	✓ Darkness	✓ School	Underpass	Curve/Grade	Icy	Cobble
Sleet		Parkway/Expy.	Bridge	Hillcrest	Muddy	Gravel
Fog		Other	Other	% Grade	Other	Other

TRAFFIC CONTROL	VEHICLE DIRECTION	1	2	PEDESTRIAN ACTIONS	1	2	3
Police Officer	Going Straight			1 2 3	1	2	3
Signal Light	✓ Changing Lanes			Between Intersection			
Stop Sign	Right/Left Turn	✓		Behind Parked Cars			
Pedestrian Signal	U Turn			In Safety Zone			
Yield Sign	Pull from Curb			Playing in Road			
Other	Parked			Running off Sidewalk			
None	Backing			Not in Roadway			
	Other			Other <u>CROSSWALK</u>	✓		

DRIVER VISION BLOCKED
 VEH. 1 ☒ YES ☐ NO
 VEH. ☐ YES ☐ NO

Circle all occupants

1	4	1
5	2	
6	3	

OPR./PED. CONDITION
 PHYSICAL DEFECT
 INTOXICATED
 APPARENTLY NORMAL ☒
 UNKNOWN

H.D. # 684
REV 10/03

FROM: Commanding Officer, Accident Investigation Squad

TO: Chief of Transportation

SUBJECT: PRELIMINARY REPORT A.I.S. CASE # 107-05

Date: 02-25-07 Day: Sunday Time: 2120 Pick up? **NO**

Valid CLS'D" New Jersey License No Wants or Warrants
OP #1 RECORD No History in N.Y. Or N.J.

OTHER PARTICIPANTS RECORD No Wants or Warrants

Leaving the scene? **NO** Pct 010 AI Tech P.O. Loukopoulos SH#12569 HWY-3

Weather Conditions Heavy Snow Fatality? **NO**

Specific Location: W/B 37st at 9th Ave.

Police Action Taken? **Summons** Charge 4-03(a)(1)i T.R.
Summons#OAC8786982

List Types of Vehicles Involved :(Taxi, Bus, Livery, 4DSD, 2DSD, Tr/Tr, Box Truck, ETC)
1988 Chevrolet P/U 2500

Veh #1 STOCK

CELL PHONE IN AUTO **YES**
CELL PHONE IN USE **NO**

Hospital: St.Vincents Accident #: Not Avail Complaint #: Not Avail

was victim **restrained?** **NO** PEDESTRIAN

How? Seatbelt OP#1

P.O. Schnieder SH#12173 HWY-1
PBT .000% Time: 2315 Skid marks at the scene? **NO** SNOW & Slush
Speed Limit 30

NAME OF ADA NOTIFIED McLaren TIME ADA NOTIFIED 0130 f=.30

VICTIM IS (circle one) **LIKELY TO DIE**

Participants: Op, Peds, Pass - Include Pedigree Information
PEDESTRIAN #1-Paradi, Sabrina F/W 23Yrs DOB-04-19-83 Severe Head Trauma/Likely to Die
Dr.Freese/St.Vincents Hosp. ACR#8849775/Med Records#1342538
161 Gate 3 Ct. Danville California 94526
OPERATOR VEHICLE #1-Phillips, Michael, R. M/W 52Yrs DOB-02-22-55 NOT INJURED
2 Robin Road Rumson N.J. 07760-1829

Narrative:

Preliminary investigation reveals the following; Vehicle #1 was traveling West on 37St and was making a Left Hand Turn to travel S/B on 9th Ave. Vehicle #1 was traveling with the Green Traffic Signal in it's favor. The Pedestrian and one other were crossing 9th Ave. in the South Crosswalk and were crossing from West to East. The Pedestrian's were also crossing with the Green Traffic Control Device in their favor. The Pedestrian and her Boyfriend were under an Umbrella as they were crossing and were having a discussion at the time they did not notice the Vehicle until it had struck the pedestrian. The operator of Vehicle #1 states he was on the Right side of W37St. and before he could make his left turn to get to the Lincoln Tunnel, Two vehicles passed him on his left and continued to travel West on 37St. The operator of Vehicle #1 started his turn and did not see the Pedestrians until he had hit her. After being Struck, the pedestrian fell to the pavement and Struck her head. No other Vehicles Struck the Pedestrian. No Cameras were observed in the area, as per P.O. Hatzis of T.M.C. there are no Cameras in the area.

PRELIMINARY CAUSE: The Weather (SNOW)

DETECTIVE ROONEY, PATRICK, J. HWY-1 AIS
for Michael Kelly
Lieutenant

EXHIBIT K


WITNESS STATEMENT — VEHICLE ACCIDENT
 PD 304-061 (Rev. 2-00)-Pent
CASE # 107-05W# 718-565-6500 ext 32

11

STATEMENT OF:	FIRST NAME	LAST NAME	PCT.	ACCIDENT NO.	COMPLAINT NO.
	<u>MATTHEW C</u>	<u>BILANK</u>	<u>10</u>		
RESIDENCE ADDRESS			RESIDENCE TEL. NO.	BUSINESS TEL. NO.	
<u>61 Bayard St #14 NYC, NY 10013</u>			<u>408-892-8847</u>		
LOCATION OF INTERVIEW			TIME OF REPORT	Month Day Year	
<input type="checkbox"/> SCENE OF ACCIDENT <input type="checkbox"/> PRECINCT STATION HOUSE <input checked="" type="checkbox"/> OTHER (DESCRIBE) <u>TELEPHONE</u>			<u>0430</u>	<u>2/26/07</u>	
IDENTITY OF ABOVE NAMED PERSON			DATE OF BIRTH	ACCIDENT INVOLVED	
<input type="checkbox"/> OPERATOR OF VEH. NO. <input type="checkbox"/> PASSENGER IN VEH. NO. <input type="checkbox"/> PEDESTRIAN <input checked="" type="checkbox"/> WITNESS <u>COMPANION OF VICTIM</u>			<u>01-09-83</u>	<u>24</u>	
DATE OF ACC.	TIME	LOCATION			
<u>2-25-07</u>	<u>2120</u>	<u>W/B 37th to S/B 9th AVE</u>			

QUESTIONS FOR WITNESS, PASSENGER OR PEDESTRIAN ONLY		QUESTIONS FOR OPERATOR OF VEHICLE ONLY	
Did you see the accident?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How many years have you driven?	
Where were you at the time of the accident?	<u>We were walking E/B on 37th crossing 9th AVE.</u>	How long have you driven the vehicle involved in the accident?	
Do you know any of the persons involved in this accident?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was there any mechanical failure or defects with the vehicle you were driving?	
If yes, whom?	<u>SABRINA</u>	Did you consume any intoxicants or medication prior to the accident?	
At the time of the accident, was your visibility obstructed in any way?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>Heavy snow</u>	If yes, what, how much & where?	
If yes, describe:		Where were you coming from or going to?	
		Who was with you at time of accident?	
		<u>SABRINA</u>	

BELOW QUESTIONS TO BE ANSWERED IN ALL CASES, WHETHER SUBJECT IS OPERATOR, PASSENGER, PEDESTRIAN OR WITNESS

Briefly describe this accident? We were crossing 9th AVE at 37th. We were going from West to East. We were heading toward the vintage Baron 52nd and 8th. I was holding an umbrella. It was snowing, we had the green light. The umbrella was up, high not blocking our sight. All of a sudden the pickup truck came around the turn and hit Sabrina. As soon as she got hit she fell. The truck stopped.

What was the cause of the accident? The driver got right out and ask if we were O.K. 10% us not looking / 90% him making a turn not giving us the RTOF we

INSERT ANSWERS PERTAINING TO EACH VEHICLE UNDER APPROPRIATE COLUMN.	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
License plate No.	<u>I don't know</u>		
Make, type and color of vehicle	<u>Pickup TRK / Dark /</u>		
Direction of travel and on what street	<u>W/B 37th to S/B 9th AVE</u>		
Speed of vehicle(s) involved	<u>15 MPH</u>		
Was vehicle subject to traffic control devices, signal lights, signs, pavement markings, etc.?	<u>He had the light and we had the light</u>		
Did vehicle swerve or turn to avoid contact?	<u>I never saw him coming</u>		
Immediately prior to accident, was any signal given? (horn - hand - other)	<u>Maybe</u>		
What lights on vehicle were lighted?	<u>I don't remember</u>		
What were the points of impact?	<u>The front bumper (hit her shoulder to hip)</u>		
At time of accident, were there any other vehicles on the street in the vicinity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: <u>Very few</u>	
In what direction was pedestrian (if any) going?	<input checked="" type="checkbox"/> With signal light <input type="checkbox"/> Against signal light	<u>(Fast Pace)</u>	
Accident occurred during	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Darkness	Weather Condition	
ROADWAY LIGHTED	<input checked="" type="checkbox"/> Sufficient <input type="checkbox"/> No	<input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input checked="" type="checkbox"/> Snow (Describe)	
Obstructions of holes in street	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Road Condition	
		<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Muddy <input checked="" type="checkbox"/> Snowy <input type="checkbox"/> Other	
SIGNATURE OF WITNESS			
<u>Telephone Interview</u>			
SIGNATURE OF INVESTIGATING OFFICER			
<u>DET [Signature] Rooney</u>			
TAX REG. NO. <u>887573</u> COMMAND <u>HOAR</u>			

EXHIBIT L

- STATED SLW CLO
WEST 37th 9th AVE
w/ SHAKENE...
- WALK SIGNAL STARTED
TO CROSS

- 3k through Intersection
WEST to EAST
HEARD SCREAM, SCREECH
THEN A THUD

- TURNED AROUND
SAW GIRL ON GROUND
f/lo TRUCK

- DID NOT SEE
ACTUAL ACCIDENT

* 4/25 2230 HRS

MAZDA T Eberling
2315 Spring Oak Way

SAN DIEGO CA
(CELL) 92138
310-804
3353

11/7/77

- STAYING 733 ST. NICK
APT G NY NY
w/ SHAKENE

Det Cipolletti
SHIELD 498
212-741-8245

EXHIBIT M

10kows ① W37th St.

Witness -

Sharlene Aguler

733 ST. ~~Wick~~ Ave.

NYC NY 10031

(C) 917-583-2424

want to play called

② In the Heights

at 450 W37th St. with

friend. Play was 7pm to

around 9pm.

Her & friend were walking

across street E/B W37 across

gth. Had brakes of car.

after female, scream

②

behind her. She turned

& looked. And saw

truck and a female on

the floor. lying on her

back. Never seen

accident.

Stop light was green

for traffic going west

on W37th St.

Det Joseph Barbara
10th Regt. 1745